

BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET LOS ANGELES, CA 90012 (213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

November 29, 2012

Hitendra D. Golakiea The Big Oaks Lodge 2533 Lamer Street Burbank CA, 91504

HEARING ON APPLICATION FOR ENTERTAINMENT GENERAL WITH DANCE/ANNUAL DANCE BUSINESS LICENSE ID #139719

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday**, **December 12**, **2012** at **9:00 a.m**. in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a professional/certified interpreter or other person who is <u>fluent</u> in both English and your native language. If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.

Sincerely,

STEVEN AFRIAT President

Lupe Duron Commission Staff



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

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Sincerely,

STEVEN AFRIAT President

Lupe Duron Commission Staff

NOTICE TO PRINTER STATE LAW REQUIRES THAT THIS LEGAL ADVERTISEMENT SHALL BE SET IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE: Z 91085

NEWSPAPER :.....ACTON AGUA DULCE NEWS

PUBLISH 3 TIMES

1 ST	PUBLISHING DATE:	11-26-2012
2 ND	PUBLISHING DATE:	12/03/2012
3 RD F	PUBLISHING DATE:	12/10/2012

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

ENTERTAINMENT-GEN. W/DANCE & ANNUAL DANCE

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:	33101 BOUQUET CYN RD
· · · · · · · · · · · · · · · · · · ·	SANTA CLARITA, CA 91390
NAME OF APPLICANT	THE BIG OAKS LODGE / HITENDRA D.
	GOLAKIEA & ILA PATEL
	THE BIG OAKS LODGE
DATE OF HEARING:	12/12/2012
TIME OF HEARING:	09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO"

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION 500 W. TEMPLE STREET, RM 374 LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR BUSINESS LICENSE SECTION 225 N. HILL STREET RM. 109 LOS ANGELES, CA 90012



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: ENTERTAINMENT-GEN. V	V/DANCE		
ADDRESS OF BUSINESS: 33101 BOUQUET CYN	RD, SANTA CL	ARITA, CA 91390	
TELEPHONE: (661) 296-5656			
OWNER OF BUSINESS: HITENDRA D GOLAKI	EA		
CAL. DR. LIC.#:			
NAME OF PERSON FINGERPRINTED:			
FÍCTITIOUS NAME: THE BIG OAKS LODGE			
MAILING ADDRESS:			
DATE THAT YOU STARTED BUSINESS:			
PREVIOUS OWNER'S NAME, IF KNOWN:			
THIS IS AN APPLICATION FOR: NEW LICENSE			
1. Animal Care & Control	APPROVED	<u>DATE</u>	SIGNA
1. I minute out of control			

			<u>APPROVED</u>	<u>DATE</u>	SIGNATURE
	1.	Animal Care & Control			
	2.	Risk Management	Salar Aras		
X	3.	Building & Safety	YES	11/21/12	dmiles
X	. 4.	Fire Department	YES	10/09/12	dmiles
	5.	Public Health	***************************************	·	
X	6.	Treasurer & Tax Collector	YES	11/20/12	dmiles
X	7.	Business License Commission			-
	8.	Sheriff Department	-		<u> </u>
X	9.	Regional Planning Commission	YES	09/13/12	dmiles
	10.	Weights and Measures			
X	11.	Publishing	YES	11/26/12	dmiles
	12.	Public Works - EPD			
X	13.	Sheriff Fingerprint	YES	09/25/12	dmiles

Conditions:



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: ANNUAL DANCE
ADDRESS OF BUSINESS: 33101 BOUQUET CYN RD, SANTA CLARITA, CA 91390
TELEPHONE: (661) 296-5656
OWNER OF BUSINESS: HITENDRA D GOLAKIEA
CAL. DR. LIC.#:
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAME: THE BIG OAKS LODGE
MAILING ADDRESS:
DATE THAT YOU STARTED BUSINESS:
PREVIOUS OWNER'S NAME, IF KNOWN:
THIS IS AN APPLICATION FOR: NEW LICENSE

	·	APPROVED	DATE	SIGNATURE
	1. Animal Care & Control			
	2. Risk Management	·		,
X	3. Building & Safety	YES	11/21/12	dmiles
X	4. Fire Department	YES	10/09/12	dmiles
	5. Public Health			
X	6. Treasurer & Tax Collector	YES	11/20/12	dmiles
X	7. Business License Commission			
	8. Sheriff Department		****	
X	9. Regional Planning Commission	YES	09/13/12	dmiles
	10. Weights and Measures	May Makasan yang sa		
X	11. Publishing	YES	11/26/12	dmiles
	12. Public Works - EPD	-		
X	13. Sheriff Fingerprint	YES	09/25/12	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

Fee:	Ś	2863	$^{\prime}$ OC
	Υ_		_

ID#<u>139719</u>

Dance	BUSIN	SS INFORMATION	1		
Type of Business:	Dance Ada	ress of Business:			
		33101/2000	UST CANTONES Soutadoute		
10011C Ea-	FING Bus	ness Telephone:	96.5656		
DBA (Business Name):	Mai	ling Address:			
The BIGOAKS L	OPGE (- '			
Sellers Permit # (State Board of Equa	alization):	2 102-226	799		
Business Ownership Structure: If LLC or Corporation, the informatio	Single Owne	Partnership 🔏 L	799 LC Corporation		
Date of Incorporation:	· · · · · · · · · · · · · · · · · · ·				
Exact Corporate Name:	Inco	rporated in the State of:			
Names of Officers		Addresses	Titles		
		710010000	Titles		
	·				
-	APPLICA	NT INFORMATION	· V		
Applicant's Full Name:	2 1:00		n		
Home Address:	ughor	GOLAKIE	<u> </u>		
Home Address,					
Home Telephone:	Cell Phone:	Email a	address:		
		Hi	10 Go@ AOL. Com		
Social Security #:	Date of Birth:	Place o	of Birth: Bombar (holda		
Driver's License or State ID#:	· 	Expiration	on Date:		
Male Female Height	, Weight_	Hair Color	Blaur Eye Color Black		
The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the					
license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be					
used in connection therewith in conformance with all applicable laws, ordinances and regulations.					
Date: 9-5-12-	Applicant's Signa	ture:₩			
Application taken by:	6		Date: 9-6-12		



Los Angeles County Treasurer and Tax Collector

Application for Business License



2432 L Fee: 5431,00 Please note: Business License fees are NOT refundable

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Fee: \$43\100				ID# <u>139719</u>
total 2863,00		•		
	BUS	SINESS INFORM	ATION	
Type of Business: Dance	Dance	Address of Rusiness		0.5
Type of Business: Dance	sunce	Address of Business:	ouguet	CYNPA S.C.
MINTIC PONT	$[\alpha \alpha]$	Business Telephone:		
DBA (Business Name):	713	Mailing Address:		
		-		·
The BIB OAKS 60	DJC	 		
Sellers Permit # (State Board of Equ		HR 102-2	76790	7
Business Ownership Structure:	Single O	wner Partnership	X LLC	Corporation
If LLC or Corporation, the information	n below is requir	ed:	7(• ,
Date of Incorporation:		Incorporated in the S	tate of:	
Exact Corporate Name:				
Names of Officers		Addresses		Titles
			_	
	APPL	ICANT INFORM	ATION	
Applicant's Full Name:	1 0 0 0 0			
Home Address:	A PAT	EL		
Tiome Address				
Home Telephone:	Cell Phone:	-	Email address	
	1,			
Social Socurity #			11/26	OBAOL. Com.
Court Coulints #	Date of Birth:		Place of Birth:	THIA.
	<u> </u>			min.
Driver's License or State ID#:		•	Expiration Date	
Male Female Height	Wei	ght Hair	r Color <u>I Kara</u>	K Eye Color Demo
The information contained herein is t	rue and correct to	o the best of my know	vledge and belie	ef. As a condition of the issuance of the
license applied for, I agree to submit license in accordance with regulation	any additional in s established for	jormation that may p such husiness and to	e requirea, to c maintain all tru	onduct all phases of this business
used in connection therewith in confe	ormance with all	applicable laws, ordin	ances and requ	lations.
	•			
Date: 9-5-12 Application taken by:	Applicant's S	ignature:	Za Pot	<u>rec</u>
01				9-6-17
Application taken by:	10			Data: 4-6-17



United States Department of Agriculture

Forest Service

Angeles National Forest 701 North Santa Anita Avenue Arcadia, California 91006

VALYERMO R.D.

Reply to: 2730

(7300)

Date: October 30, 1987

20 1081 THE 11X

FMO WY

× 1987

Los Angeles County Department of Public Works

Division of Building and Safety

532 So. Vermont Ave. Los Angeles, CA 90020

Attn: Mr. Saeed Amanullah

1.0.

Dear Mr. Amanullah;

This is to reaffirm that for any building applications submitted to your office by prospective permittees on national forest land, County Planning Division review is not necessary.

We assume the planning role on national forest land and review these applications for conformance prior to reaching your office.

We, however, will continue to require permittees to obtain a building permit from the county before we issue final approval for construction. We are not equipped to do the proper plan check and the subsequent construction inspection.

Sincerely,

GEORGE A. ROBY

Forest Supervisor

cc: Varia

₹.

Dooley Richardson

District Rangers-



ADMINISTRATIVE MANUAL COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS BUILDING AND SAFETY DIVISION

June 26, 1989

TO:

All Personnel

Superintendent of Building

ANGELES NATIONAL FOREST PERMIT PROCESSING

National Forest permittees are required to obtain permits and inspections from the local enforcement agency for all work normally regulated by that agency.

The attached policy and procedures shall be used for processing permit applications for structures located in the Angeles National Forest.

DLW:1dr

B-0/DISK10/AM50.15

Attachments

Supercedes Memo 50.15 dated 11-14-88

MEMORANDUM OF UNDERSTANDING

PERMIT PROCESSING PROCEDURES

ANGELES NATIONAL FOREST AND COUNTY OF LOS ANGELES

I. PURPOSE

Provide procedures for permit application, plan check and issuance of building permits for construction and remodeling of permittee facilities on National Forest lands located in Los Angeles County.

II. AUTHORITY

Section 480 of Title 16 of the United States Code states: The jurisdiction, both civil and criminal, over persons within National Forests shall not be affected or changed by reason of their existance, except so far as the punishment of offenses against the United States therein is concerned; the intent and meaning of this provision being that the State wherein any such national forest is situated shall not, by reason of the establishment thereof, lose its jurisdiction, nor the inhabitants thereof their rights and privileges as citizens, or be absolved from their duities as citizens of the State.

Also, the County's auhtority to enforce the Building Code arises from Article XI, Section 7 of the California Constitution.

III. SCOPE

Applies to plans submitted to Forest Service for preliminary approval, and sent to Public Works for permit application processing, plan check and permit issuance.

IV. PROCEDURE

A. GENERAL

 Applicant (Forest permittee) will submit building plans to the Forest Service for review and conceptual approval. If plans are compatible with the Forest Land Management Plan and otherwise acceptable to the Forest Service (aesthetics, concept, protection of resource values, etc.), the Forest Service Memorandum of Understanding (Continued)
Page 2

will give the applicant written preliminary approval and direct the applicant to submit plans to the Los Angeles County Building and Safety Division for final approval in accordance with established codes and standards.

- 2. Application processing, plan check, payment of fees and permit issuance shall conform to established procedures.
- B. When the applicant submits plans to Building and Safety, the counter personnel will verify the plans are approved by the Forest Service.
- C. Plan check will be performed in the normal manner including verification that fire retardant requirements comply with the hazard classification of the area. If no building permit is required, the County will so indicate in writing on the drawings.
- D. Unacceptable plans will be returned to the applicant for necessary corrections and resubmittal, where applicable. When plans are acceptable, approval block/s will be signed and applicable permit issued.
- E. Applicants should submit sufficient copies of proposed plans to return at least one signed (approved) copy to the Forest Service.
- F. All plan check corrections must be made and all fees paid prior to issuance of the permit and subsequent inspection.

Memorandum of Understanding Page 3

G. This Agreement shall continue in force until terminated by either party upon thirty (30) days notice, in writing, to the other of their intention to terminate the agreement.

SUPERINTENDENT OF BUILDING

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

FOREST SUPERVISOR

ANGELES NATIONAL FOREST

DATE

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. PAGE - 02/07

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE APPLICATION REFERRAL

Vmon 201092

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 33101 BOUQUET CYN RD, SANTA CLARITA, CA 91390

TELEPHONE: (661) 296-5656

OWNER OF BUSINESS: HITENDRA D GOLAKIEA

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE BIG OAKS LODGE

MAILING ADDRESS: 1

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT LA COUNTY

APPROVAL

DENIAL

RECOMMENDATION:

Approver

SIGNATURE:

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5-36470

DATE.

3/24/12

Hall Bern F

BASIC LICENSE NO. 2809

DATE 09/07/12

IDENTIFICATION NUMBER 139719

PB

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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TELEPHONE: (661) 296-5656

OWNER OF BUSINESS: HITENDRA D GOLAKIEA

CAL DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE BIG OAKS LODGE

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT LA COUNTY

DENIAL

RECOMMENDATION:

SIGNATURE:

Approved UD 536470

BASIC LICENSE NO. 2020

DATE 09/07/12

IDENTIFICATION NUMBER 139719

10/01/2012 14:06

SHP-07-2012 1111820 From LACOFD-FIRE WARSHAL 3238904055

#0584 P.003/004 T-168 P-110/011 F-888

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COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Strant Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE APPLICATION REFERRAL

HRSC

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 33101 BOUQUET CYNRD, SANTA CLARITA, CA 91390

TELEPHONE: (661) 296-5656

OWNER OF BUSINESS: HITENDRAD GOLAKIRA

CAL, DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE BIG OAKS LODGE

MAILING ADDRESS: :

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

APPROVAL

DENIAL

RECOMMENDATION:

SIGNATURE:

DATE 09/07/12

. .

IDENTIFICATION NUMBER 139719

BASIC LICENSE NO. 2020

10/01/2012 14:08

#0584 P.002/004

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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225 N. Hill Street Room 109, P.O. Box 54970. Los Angeles, CA 90054-0970

BUSINESS LICENSE

APPLICATION REFERRAL

KIND OF BUSINESS: UNTERTAINMENT-GEN, W/DANCE

ADDRESS OF BUSINESS: 33101 BOUQUET CYNRD, SANTA CLARITA, CA 91390

TELEPHONE: (661) 296-5656

OWNER OF BUSINESS: ETTENDRAID GOLAKIEA

CAL DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE EIG OAKS LODGE

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT LA COUNTY

	APPROVAL	_ DENIAL	
RECOMMENDATION:			
·		and the second s	, <i>j</i>
SIGNATURE:	James &	DATE: 10/	//2

DATE 09/07/12

IDENTIFICATION NUMBER 139719

BASIC LICENSE NO. 2809

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TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS:	ANNUAL DANCE	÷.
ADDRESS OF BUSINE	SS: 33101 BOUQUET CYN RE	, SANTA CLARITA, CA 91390
TELEPHONE: (661) 29	6-5656	
OWNER OF BUSINESS	: HITENDRA D GOLAKIEA	
CAL. DR. LIC.#:		
NAME OF PERSON FIN	IGERPRINTED:	
FICTITIOUS NAME: T	HE BIG OAKS LODGE	
MAILING ADDRESS:		
DATE THAT YOU STA	RTED BUSINESS:	•
PREVIOUS OWNER'S N	IAME, IF KNOWN:	
THIS IS AN APPLICATI	ON FOR: NEW LICENSE	
	TREASURER & T.	AX COLLECTOR
	LA CO	UNTY
·	APPROVAL	DENIAL
RECOMMENDATION:		
SIGNATURE:	ta	DATE: //-20-/2
BASIC LICENSE NO. 2020	DATE 09/07/12	IDENTIFICATION NUMBER 139719

IDENTIFICATION NUMBER 139719

COU TY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE APPLICATION REFERRAL

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OWNER OF BUSINESS: HITENDRA D GOLAKIEA	
CAL. DR. LIC.#:	4
NAME OF PERSON FINGERPRINTED:	*
FICTITIOUS NAME: THE BIG OAKS LODGE	
MAILING ADDRESS: :	
DATE THAT YOU STARTED BUSINESS:	
PREVIOUS OWNER'S NAME, IF KNOWN:	
THIS IS AN APPLICATION FOR: NEW LICENSE	
TREASURER & TAX COLLECTOR LA COUNTY	
APPROVAL DENIAL	
RECOMMENDATION:	
SIGNATURE: Staff DATE: 11-20-12	

DATE 09/07/12

IDENTIFICATION NUMBER 139719

BASIC LICENSE NO. 2809